

County: Polk  
 WILLOW RIDGE HEALTHCARE  
 400 DERONDA STREET, P. O. BOX 309  
 AMERY 54001 Phone: (715) 268-8171  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 68  
 Total Licensed Bed Capacity (12/31/01): 88  
 Number of Residents on 12/31/01: 59

Facility ID: 2440

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Ownership: Limited Liability Company  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 62

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.3
Supp. Home Care-Personal Care	No					1 - 4 Years		40.7
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	1.7	More Than 4 Years		22.0
Day Services	No	Mental Illness (Org./Psy)	16.9	65 - 74	11.9			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.4	95 & Over	15.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	27.1	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	25.4		-----	RNs		12.1
Referral Service	No	Diabetes	10.2	Sex	%	LPNs		10.2
Other Services	No	Respiratory	8.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	15.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	84.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)		
Int. Skilled Care	0	0.0	0	2	7.7	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Skilled Care	6	100.0	310	19	73.1	106	0	0.0	0	20	74.1	115	0	0.0	0	0	0.0	0	45	76.3
Intermediate	---	---	---	4	15.4	89	0	0.0	0	4	14.8	103	0	0.0	0	0	0.0	0	8	13.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	2	7.4	83	0	0.0	0	0	0.0	0	2	3.4
Personal Care	---	---	---	0	0.0	0	0	0.0	0	1	3.7	67	0	0.0	0	0	0.0	0	1	1.7
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	3.8	155	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		26	100.0		0	0.0		27	100.0		0	0.0		0	0.0		59	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	14.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	16.7	Bathing	6.8	67.8	25.4	59
Other Nursing Homes	0.0	Dressing	30.5	50.8	18.6	59
Acute Care Hospitals	68.8	Transferring	37.3	54.2	8.5	59
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	37.3	45.8	16.9	59
Rehabilitation Hospitals	0.0	Eating	74.6	16.9	8.5	59
Other Locations	0.0	*****				
Total Number of Admissions	48	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.1		Receiving Respiratory Care	10.2
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	44.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	34.0	Occ/Freq. Incontinent of Bowel	20.3		Receiving Suctioning	0.0
Other Nursing Homes	9.4				Receiving Ostomy Care	5.1
Acute Care Hospitals	7.5	Mobility			Receiving Tube Feeding	5.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	22.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	49.1	With Pressure Sores	1.7		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	53	With Rashes	6.8		Medications	
					Receiving Psychoactive Drugs	39.0

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69.3	80.3	0.86	85.1	0.81	84.4	0.82	84.6	0.82
Current Residents from In-County	81.4	72.7	1.12	72.2	1.13	75.4	1.08	77.0	1.06
Admissions from In-County, Still Residing	25.0	18.3	1.36	20.8	1.20	22.1	1.13	20.8	1.20
Admissions/Average Daily Census	77.4	139.0	0.56	111.7	0.69	118.1	0.66	128.9	0.60
Discharges/Average Daily Census	85.5	139.3	0.61	112.2	0.76	118.3	0.72	130.0	0.66
Discharges To Private Residence/Average Daily Census	29.0	58.4	0.50	42.8	0.68	46.1	0.63	52.8	0.55
Residents Receiving Skilled Care	79.7	91.2	0.87	91.3	0.87	91.6	0.87	85.3	0.93
Residents Aged 65 and Older	98.3	96.0	1.02	93.6	1.05	94.2	1.04	87.5	1.12
Title 19 (Medicaid) Funded Residents	44.1	72.1	0.61	67.0	0.66	69.7	0.63	68.7	0.64
Private Pay Funded Residents	45.8	18.5	2.47	23.5	1.95	21.2	2.16	22.0	2.08
Developmentally Disabled Residents	1.7	1.0	1.71	0.9	1.88	0.8	2.15	7.6	0.22
Mentally Ill Residents	16.9	36.3	0.47	41.0	0.41	39.5	0.43	33.8	0.50
General Medical Service Residents	0.0	16.8	0.00	16.1	0.00	16.2	0.00	19.4	0.00
Impaired ADL (Mean)	39.3	46.6	0.84	48.7	0.81	48.5	0.81	49.3	0.80
Psychological Problems	39.0	47.8	0.82	50.2	0.78	50.0	0.78	51.9	0.75
Nursing Care Required (Mean)	6.4	7.1	0.89	7.3	0.87	7.0	0.90	7.3	0.87